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Title of	Invention	APPAR	ATUS FC	R THE IN	TERSTITIA	L COAGUL	ATION OF	TISSUE			
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Title of	f the Invention	on	APPAR.	ATUS FOR	R THE INTE	ERSTITIAL	COAGULA	TION OF	TISSUE		
Attorn	ey Docket N	umber	052460-	-19US M/E	RB-157PC	us	Small En	tity Statı	us Claimed 🔲		
Application Type Nonprovi			rovisional								
Subject Matter			Utility								
Sugge	sted Class (i	if any)					Sub Clas	s (if any)		
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Total N	lumber of D	rawing	Sheets (if any)	2		Suggeste	ed Figure	e for Publication	(if any)	

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Application Data Sheet 37 CFR 1.76				plication Number				
Title of Invention APPARATUS FOR THE INTERSTITIAL COAGULATION OF TISSUE								
Publication Inform	ation:							
Request Early	Publica	ation (Fee required at	time	e of Request 37 CFR 1.2	219)			
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.								
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Prior Application	Status					R	temove	
Application Number Continuity		Continuity ⁻	Гуре	Prior Applicat	on Numbe	er Filing D	ate (YYYY	-MM-DD)
		a 371 of internationa	I	PCT/EP2005/00	2001	2005-02-	25	
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Application Num	ber	Country	, i	Parent Filing D	ate (YYY)		_	/ Claimed
10 2004 009 206.0 DE			2004-02-25	2004-02-25		O No		
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Application Num	ber	Country	, i	Parent Filing D	ate (YYY)	/-MM-DD)	Priority	y Claimed
10 2004 012 813.8		DE		2004-03-16			Yes	○ No
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Application Da	ta Sheet 37 CFR 1.76	Attorney Docket Number	052460-19US M/ERB-157PCUS	
Application Bu	ita officer of of it 1.70	Application Number		
Title of Invention	APPARATUS FOR THE INTERSTITIAL COAGULATION OF TISSUE			

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.									
Assignee 1									
If the Assignee is an Organization check here.									
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Mailing Address Information:									
Address 1	Waldhornlestrasse 17	Waldhornlestrasse 17							
Address 2									
City	Tubingen	State/Province							
Country DE		Postal Code	72072						
Phone Number		Fax Number							
Email Address									
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Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.								
Signature	/WILLIAM W. SCHWA	ARZE/	Date (YYYY-MM-DD) 2006-08-21					
First Name	William W.	Last Name	Schwarze	Registration Number	25918			

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